

REPORT OF RECEIPTS AND EXPENDITURES

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

IS THIS AN AMENDMENT? Yes

OF A POLITICAL COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization)							
MERCEN 2016 DERRY TOWNSY 19 SOUCOL BOAND							
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number						
	130	(37) 403-5219					
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address T55 N I C L .							
5. City, State, ZIP Code - LND/ANAPOLIS, IND. 46237	Affiliation (if applicable)						
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)					
7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate (include any nickname)			nt Candidate				
9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence							
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY				
11. Check one:		Check one:					
Pre-Primary Re-Election Annual Nomination Other		Pre-Conv	vention				
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)							
12. Reporting Period: From: 4-9-16 Through: /0-/4-/6		COLUMN A This Period	COLUMN B Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.							
14. Cash on hand and investments January 1, current year.							
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)							
15a. Itemized (use Schedule A)		50	30				
15b. Uniternized							
15c. Add lines 15a and 15b in both columns SUBTOTAL.							
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3 (e)	50				
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (use Schedule B) (Public Question: use Schedule C)							
17b. Unitemized							
17c. Add lines 17a and 17b in both columns	STOTAL						
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	50 8	30				
19. Debts OWED BY the committee (use Schedule D)							
20. Debts OWED TO the committee (use Schedule E)							
CERTIFICATION			OR OFFICE USE ONLY				

I CERZIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature Date

20-19-16 Signature of Candidate (If applicable)

10-19-16 WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-94-16, IC 3-94-17, IC 3-94-18)

Myla a. Eldred

OCT 21 2016

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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

Page	of	
	FILE NUMBER	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. CHANCES MENCEN 5523 LAHRWOOD DR TAUDDLS, TND. 46237 Contributor's Occupation (If required) CAMPIDATE	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	50	50	10~11~lle
2.	Contributions: Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (if required)	Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 50		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	s £0		